## AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada )
) as
County of Lincoln )

Emma Faye Smeath , first being duly sworn, deposes and says:

- That she is the surviving spouse of Ralph L. Smeath who died on December 2, 1996, at Caliente, Nevada.
- That at the time of death of the decedent, affiant and decedent owned property in joint tenancy as follows:

Book L-1, Page 230, parcel of land, situate in the City of Caliente, County of Lincoln, State of Nevada, and being that portion of the Ei of the Ei of the NWi of Section 6. Township 4 South, Range 67 East, M.D.B&M., now on file in the office of the County Recorder of said county, to which plat reference is herebe made for further particulars, together with all improvements on said Lot and the contents thereof.

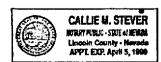
Commencing at the center of said Section 8, thence north along the east line of the said NW1, 1,407.89 feet; thence west at right angles to said east line, 514.50 feet to the true point of beginning; thence north, parallel with said east line, 54.13 feet; thence west at right angles 121.00 feet; thence south 54.13 feet along a line parallel with and distant east 24.50 feet, measured at right angles from the west line of said E½ of the E½ of the NW1; thence east at right angles to said parallel line, 121.00 feet to the true point of beginning.

Also all improvement situated on the above described land consisting of a house and garage and any additions thereto and all of the furniture and fixtures contained therein.

That proof of death is affixed hereto as Exhibit "A" in the form of a
certified copy of the death certificate and affiant claims the above
described property as her sole and separate property pursuant to
Nevada Revised Statues 40.470 (5).

Fage Smeath
Affiait Emma Fage Smeath

Calle M Stever



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| TO ME  |   | STATE  | R'NEAVA   |   |   |
|  |   | DEPARTMENT OF  | HUMAN RESO                                      | URCES   |   |
|  |   | DIVISION   | OF HEALTH                                       |   |   |
|  |   | STATE OF NEVADA — DI<br>DIVISION OF HEALTH   | EPARTMENT OF HU                                 | MAN RESOURCES<br>AL STATISTICS  |   |
| TYPE   | LOCAL FILE HUMBER   | CERTIF   | ICATE OF DEAT                                   | <b>"</b> \ \ \ \ \ \ \  | · -   |
| OR PRINT   | DECEASED NAME FOR   | Leslie SMFA  |   | FE OF DEATH (Month, Day, Year)  | STATE FILE NUMBER COUNTY OF DEATH                             |
| PLACK MK   | CITY, TOWN, OR LOCATION OF DEATH  3. Caliente             | HOSPITAL OR OTHER INSTITUTION  | larre (V not either, give street at             | ecember 2, 1996  If Hosp. or Inst. Indicate First. Impaired (Species)   | ≥ Lincoln DOA OP/Emer.   SEX                                  |
| DECEDENT   | RACE—(e.g., White, Black, American Walled, sec) (Special) | Sc. Grover C. Dils I<br>a Deceders of Haganic Organ? Specify D year<br>city Meuran, Cuben, Papers Pices, etc.  | fedical Center                                  | Inpatier Inpatier   | it (Male  |
| F DEATH  | S. White  |  | <u>1</u> 7⊾ 87                                  | 7b. 7c.   | * May 28, 1909  |
| OCCUPACED IIII BESTRUTTONI SEE NAVORODI REGARDING          | Maldaho   | 96 U.S.A. 9740e company 10. 8 USUAL OCCUPATION (Give Kind of Work Do Working Life, Even if Retired)  | wit. Wi   | Married   | Emma Faye McGhie  |
| OOMPLETION OF<br>RESOURCE (TELES                           | 13. RESIDENCE—STATE COUNTY                                | 14. Roundhouse Foren   | ian i   | the Union Pacific R   |   |
| - <del></del> -  |   | Incoln Calle   | nte   | STREET AND NUMBER   | MSIDE CITY LIMITS   |
| PARENTS  | 16. James   | harles Smeath  | MOTHER—MADEN NA                                 | ME FREE   | Lett  |
| 1  | 184 Diane Kelley  | MALING   | ADDRESS   | Francis (Street or R.F.D. No., City or Town, Sta  |   |
|  | BURIAL CREMATION, REMOVAL OTHER                           | CEMETERY OR CREMATOR   | 1-tous  |   | 43<br>ky dar Tasan State                                      |
| DISPOSITION  | FUNERAL DIRECTOR_SIGNATURE                                | FUNERAL DIRECTOR NAME LICENSE MARRIED  | orial Veterans                                  | 3 1   | te, Nevada  |
| >  |   | the brook and the series and places and  | P.O. Box 994                                    | Caliente, Nevad   | 9 9 9 9 9 9 9   |
|  | DATE SIGNED (Max. Day, Yr.)                               | 7/1/   | ~ ja ⊈ (Signan                                  | the beas of economiston and/or revests the bree, date and place and date in the tre and fitte!  KONED (Mo., Day, Yr.) HXX |   |
| CERTIFIER  | 82 215. 12-6-96 NAME OF ATTENDING PHYSICIA                | 2257 77  |   | 220.  |   |
|  | 5 <sub>914</sub>  | The state of the s | , ar & <b>12°</b> (mark)                        | 48  | MOUNCED DEAD (Hour)   |
| . \  | me Earl Plunket   |  | Caliente, Nev                                   | ROOPS she   | LICENSE NUMBER  |
| CONDITIONS  IF ANY WHICH GAVE RISE TO                      | 241. (Signature) > ()                                     | Man mo   | TE RECEIVED BY RECESTRAR                        | (Mo. Day, Yr.) DEATH DUE TO COMM  |   |
| RISE TO  IMMEDIATE CAUSE STARING THE UNDERLYING CAUSE LAST |   | THE CAUSE PER LINE FOR (III), (II), AND ICH  | - (CO) James 12                                 | 24c. YES□ #K  | Interval between orset and death                              |
| CAUSE LAST   | DUE TO, OR AS A CONSEQUE                                  | The second secon | <u>57 - 1                                  </u> | · /   | interval between orsel and death                              |
| <b>└→</b>  | DUE TO, OR AS A CONSEQUE                                  | HE CARCINE 111.  | 7   |   | VCF/S Internal between onest and death                        |
| CAUSE OF   | PART OTHER SIGNIFICANT CONDITIONS                         | -Conditions contributing to death but not result   | arro in the underbean on the com-               | n in Part   AUTOPSY /Specify  |   |
| \  | - VIzIncetorta  | LEY AND DE TO HOUR OF HUIRY  |   | 24. NO  | WAS CASE REFERRED TO<br>CORONER (Specify Yes or No)<br>27. NO |
| 1  | (Speculy)<br>28a 28b.                                     | 29c. M.DURY — Al horns, ferry, street, being, often  |   |   |   |
|  | (Specify Yea or No) 28s. ZSI.                             | hadding, etc. (Spensy)   | LOCATION STR                                    | EET OR R.F.D. No. CITY O  | R TOWN STATE  |
| W  | ARCAAA  | STATE  | REGISTRAR                                       | No  | .091876   |
| 37   |   |  |   |   |   |
|  |   |  |   |   |   |
| 17   | This of the   | is to certify that the above is a to certificate on file in this office.   | rue and correct copy                            | yvenis  | Julya me  |
| Date Issued: DEC 1 3 1996 State Registrer                  |   |  |   |   |   |
|  |   |  |   |   |   |
|  |   | A STREET TO ALTE   | R OR COPY THIS DOCUME                           |   |   |

NO. 108896

Filed And Recorded At Request Of Diane Kelley

May 5, 1997

At 57 Minutes Past 1 O'Clock
P M In Book 127 Of Official Recore Page 543 Lincoln County Nevada.